

B 1 (Official Form 1) (1/08)

United States Bankruptcy Court Northern District of Illinois				Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): James, Christopher Allen			Name of Joint Debtor (Spouse) (Last, First, Middle): James, BonnieJean		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): Zippelius, BonnieJean		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No. /Complete EIN (if more than one, state all): 6959			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No. /Complete EIN (if more than one, state all): 3782		
Street Address of Debtor (No. and Street, City, and State): 912 Congdon Avenue #5 Elgin, IL <div style="text-align: right;">ZIP CODE 60120</div>			Street Address of Joint Debtor (No. and Street, City, and State): 912 Congdon Avenue #5 Elgin, IL <div style="text-align: right;">ZIP CODE 60120</div>		
County of Residence or of the Principal Place of Business: Cook			County of Residence or of the Principal Place of Business: Cook		
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP CODE</div>			Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP CODE</div>		
Location of Principal Assets of Business Debtor (if different from street address above): <div style="text-align: right;">ZIP CODE</div>					
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input checked="" type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts	
Filing Fee (Check one box.) <input type="checkbox"/> Full Filing Fee attached. <input checked="" type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.			Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).		
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

FILED
 JUL 24 2009
 KENNETH S. GARDNER, CLERK
 PS REP. - MBM
 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS
 THIS SPACE IS FOR COURT USE ONLY

B-1 (Official Form 1) (1/08)

Page 2

Voluntary Petition (This page must be completed and filed in every case.)		Name of Debtor(s): James, Christopher & BonnieJean	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: Eastern District of New York	Case Number: 07-72634	Date Filed: 7/13/2007	
Location Where Filed: Western District of Wisconsin	Case Number: 02-13148	Date Filed: 5/14/2002	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor:	Case Number:	Date Filed:	
District: Northern District of Illinois	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). X _____ Signature of Attorney for Debtor(s) (Date)	

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

☐ Debtor claims that under applicable nonbankruptcy law there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition

☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l))

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Voluntary Petition (This page must be completed and filed in every case.)		Name of Debtor(s): James, Christopher & BonnieJean
Signatures		
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X <u>[Signature]</u> Signature of Debtor X <u>[Signature]</u> Signature of Joint Debtor 224-587-3794 / 224-587-3541 Telephone Number (if not represented by attorney) 7/24/2009 Date	Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X _____ (Signature of Foreign Representative) _____ (Printed Name of Foreign Representative) _____ Date	
Signature of Attorney* X _____ Signature of Attorney for Debtor(s) _____ Printed Name of Attorney for Debtor(s) _____ Firm Name _____ Address _____ Telephone Number _____ Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	Signature of Non-Attorney Bankruptcy Petition Preparer I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. _____ Printed Name and title, if any, of Bankruptcy Petition Preparer _____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer) (Required by 11 U.S.C. § 110.) _____ Address X _____ _____ Date Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual. If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition. X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date		

B 1D (Official Form 1, Exhibit D) (12/08)

UNITED STATES BANKRUPTCY COURT

In re James, Christopher Allen
Debtor

Case No. _____
(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

B 1D (Official Form 1, Exh. D) (12/08) - Cont

Page 2

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

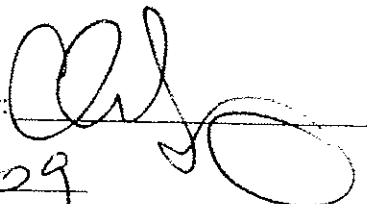
☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor:

Date:


7/24/09

B 1D (Official Form 1, Exhibit D) (12/08)

UNITED STATES BANKRUPTCY COURT

In re James, BonnieJean
Debtor

Case No. _____
(if known)

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

B 1D (Official Form 1, Exh. D) (12/08) – Cont

Page 2

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

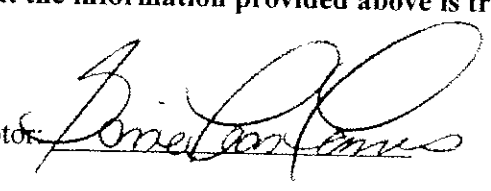
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: 

Date: 7/24/09

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court

Northern District Of Illinois

In re James, Christopher & BonnieJean
Debtor

Case No. _____

Chapter 13

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$0		
B - Personal Property	Yes	3	\$4,700		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$41,388	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		\$7,923	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	20		\$157,385	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$3,567
J - Current Expenditures of Individual Debtors(s)	Yes	1			\$2,707
TOTAL		33	\$4,700	\$206,696	

Form 6 - Statistical Summary (12/07)

United States Bankruptcy Court

Northern District Of Illinois

In re James, Christopher & BonnieJean
Debtor

Case No. _____

Chapter 13

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 7,923
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$0
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0
Student Loan Obligations (from Schedule F)	\$61,760
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0
TOTAL	\$69,683

State the following:

Average Income (from Schedule I, Line 16)	\$3,567
Average Expenses (from Schedule J, Line 18)	\$2,707
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$5,667

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$0
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$7,923	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0
4. Total from Schedule F		\$157,385
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$157,385

B6A (Official Form 6A) (12/07)

In re James, Christopher & BonnieJean
Debtor

Case No. _____
(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				

Total▶

(Report also on Summary of Schedules.)

B6B (Official Form 6B) (12/07)

In re James, Christopher & BonnieJean,
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1 Cash on hand.			J	\$200
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home- stead associations, or credit unions, brokerage houses, or cooperatives.	X			
3 Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Canon Digital Camera, Camcorder, Plasma TV, Miscellaneous CD's & DVD's, DVD Player, etc.	J	\$3,600
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Misc Men's, Women's and Infant Clothing	J	\$700
7 Furs and jewelry.				
8. Firearms and sports, photographic, and other hobby equipment		Sporting Goods	J	\$200
9. Interests in insurance policies Name insurance company of each policy and itemize surrender or refund value of each.	X			
10 Annuities. Itemize and name each issuer	X			
11 Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars (File separately the record(s) of any such interest(s) 11 U.S.C. § 521(c))	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re James, Christopher & BonnieJean
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A -- Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re James, Christopher & BonnieJean
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars	X			
23. Licenses, franchises, and other general intangibles. Give particulars	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories	X			
27. Aircraft and accessories	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed	X			
35. Other personal property of any kind not already listed. Itemize	X			
Total				\$4,700

0 continuation sheets attached
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re James, Christopher & BonnieJean,
Debtor

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☐ 11 U.S.C. § 522(b)(2)

☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
All Personal Property listed on Schedule 6B	Illinois Homestead Exemption 735-5/12-901, 906	\$4,700	\$4,700

B6D (Official Form 6D) (12/07)

In re James, Christopher & BonnieJean,
Debtor

Case No. _____
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Toyota Financial Services Acct#: 0046527869	W	2008 Toyota Sienna Van Purchased 2008 VALUE \$ 16,125				\$34,288	\$0
ACCOUNT NO. Overland Bond & Finance 4701 W Fullerton Avenue Chicago IL 60639	H	2005 Chevrolet Monte Carlo Purchased 2009 VALUE \$ 6,250				\$7,100	\$0
ACCOUNT NO.							
Subtotal ► (Total of this page)						\$ 41,388	\$ 0
Total ► (Use only on last page)						\$ 41,388	\$ 0

continuation sheets
— attached

(Report also on Summary of
Schedules)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data)

B6E (Official Form 6E) (12/07)

In re James, Christopher & BonnieJean
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☒ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

B6E (Official Form 6E) (12/07) – Cont.

In re James, Christopher & BonnieJean,
Debtor

Case No. _____
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

_____ continuation sheets attached

B6E (Official Form 6E) (12/07) – Cont.

In re James, Christopher & BonnieJean,
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No. 399-84-4385 Melissa J Meyer 7801 88th Avenue, Lot 305 Pleasant Prairie, WI 53158		H	July, 2007				7,923	7,923	
Account No.									
Account No.									
Account No.									
Account No.									
Subtotals▶ (Totals of this page)							\$ 7,923	\$ 7,923	
Total▶ (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules)							\$ 7,923		
Totals▶ (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data)								\$ 7,923	\$0

Sheet no. ____ of ____ continuation sheets attached to Schedule of
Creditors Holding Priority Claims

B6F (Official Form 6F) (12/07)

In re JAMES, CHRISTOPHER & BONNIE JEAN
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Subtotal ▶							\$
Total ▶							\$

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)

19 continuation sheets attached

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 119687-1 American Eagle Bank 556 South Randall Road South Elgin, IL 60177		W	May 2008 2008 Nissan Altima Installment Loan				\$8,029
ACCT #: 119687-1 Sherman & Sherman C/O Amer Eagle Bank PO Box 2142 Chicago, IL 60690		W	May 2008 2008 Nissan Altima Installment Loan				
ACCT #: 31047 Island Gastroenterology 1175 Montauk Highway, Suite 3 West Islip, NY 11795		W	December 2007 Medical Expenses		X		\$2,644
ACCT #: 322630 Long Island Pathology PO Box 302 Jefferson, NY 11777		W	December 2007 Medical Expenses		X		\$663
ACCT #: JAMBO000 French Medical Group 300 N McLean Blvd, Suite A Elgin, IL 60123		W	February 2008 Medical Expenses				\$581
ACCT #: 863655 ACC International 919 Estes Court Schaumburg, IL 60193		W	February 2008 Medical Expenses				
Subtotal:							\$11,917
Total:							Continued

Sheet 1 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: F00026774661 St. Alexius Medical Center 21219 Network Place Chicago, IL 60673		W	January 2009 Medical Expenses				\$250
ACCT #: F00027222389 St. Alexius Medical Center 21219 Network Place Chicago, IL 60673		W	December 2009 Medical Expenses				\$38
ACCT #: F00027437755 St. Alexius Medical Center 21219 Network Place Chicago, IL 60673		W	January 2009 Medical Expenses				\$479
ACCT #: F00025906918 St. Alexius Medical Center 21219 Network Place Chicago, IL 60673		W	May 2008 Medical Expenses				\$16
ACCT #: F00026900001 St. Alexius Medical Center 21219 Network Place Chicago, IL 60673		W	October 2008 Medical Expenses				\$361
ACCT #: F00027180330 St. Alexius Medical Center 21219 Network Place Chicago, IL 60673		W	November 2008 Medical Expenses				\$161
Subtotal:							\$1,305
Total:							Continued

Sheet 2 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: F00025532441 St. Alexius Medical Center 21219 Network Place Chicago, IL 60673		W	March 2008 Medical Expenses				\$161
ACCT #: F00027437763 St. Alexius Medical Center 21219 Network Place Chicago, IL 60673		W	December 2008 Medical Expenses				\$614
ACCT #: F00027787431 St. Alexius Medical Center 21219 Network Place Chicago, IL 60673		W	March 2009 Medical Expenses				\$1,156
ACCT #: 1000011180 Suburban Maternal Fetal Medicine PO Box 958216 Hoffman Estates, IL 60195		W	August - December 2008 Medical Expenses				\$668
ACCT #: 5641 Steven J Muraski DDS 2000 Larkin Avenue, Suite 202 Elgin, IL 60123		W	November 2008 Medical Expenses		X		\$716
ACCT #: 9588 Comprehensive Women's Center 39711 Treasury Center Chicago, IL 60694		W	August - December 2008 Medical Expenses				\$373
Subtotal:							\$3,688
Total:							Continued

Sheet 3 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 60238 Elgin Gastroenterology 745 Fletcher Drive, Suite 202 Elgin, IL 60123		W	February 2009 Medical Expenses		X		\$100
ACCT #: 1-60818273-1 Genzyme Genetics PO Box 371748 Pittsburgh, PA 15251-7748		W	December 2007 Medical Expenses				\$463
ACCT #: 420785-6-2808 Jzanus Ltd 170 Jericho Turnpike Floral Park, NY 11001		W	March 2007 Medical Expenses				\$75
ACCT #: H7171832-1 Enzo Clinical Labs PO Box 9084 Farmingdale, NY 11735		W	December 2007 Medical Expenses				\$1,049
ACCT #: 5489555114009139 Creditors Exchange PO Box 2270 Buffalo NY 14240		H	2006-2008 Consumer Credit Card				\$1,070
ACCT #: 484495 Fertility Centers of Illinois 3703 W Lake Avenue, Suite 310 Glenview, IL 60026		W	March - July 2008 Medical Expenses				\$355
Subtotal:							\$3,112
Total:							Continued

Sheet 4 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 26774661 Med Center Anesthesia 2413 W Algonquin Road #608 Algonquin, IL 60102-9402		W	March 2009 Medical Expenses				\$115
ACCT #: 249701 Alexian Bros Outpatient Group Practice 1650 Moon Lake Blvd Hoffman Estates, IL 60169-1010		W	January - May 2009 Medical Expenses				\$53
ACCT #: BJJ01 Grabowski Surgical Assoc 800 Biesterfield Road, Suite 3004 Elk Grove Village, IL 60007-3364		W	February - July 2009 Medical Expenses		X		\$2,100
ACCT #: 134575A380 Alexian Pediatric Speciality Group PO Box 843147 Boston, MA 02284-3147		W	January 2009 Medical Expenses				\$132
ACCT #: 6098685 Central DuPage Hospital 25 N Winfield Road Winfield, IL 60190-1295		W	February 2009 Medical Expenses		X		\$200
ACCT #: 60755 Northwest Oncology & Hematology SC 3701 Algonquin Road, Suite 900 Rolling Meadows, IL 60008		W	January 2009 Medical Expenses				\$44
Subtotal:							\$2,644
Total:							Continued

Sheet 5 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 086-1-0002171722 Neopath, S.C. 520 E 22nd Street Lombard, IL 60148		W	December 2008 Medical Expenses				\$15
ACCT #: 086-1-0002197269 Neopath, S.C. 520 E 22nd Street Lombard, IL 60148		W	March 2009 Medical Expenses				\$20
ACCT #: 086-1-0002171373 Neopath, S.C. 520 E 22nd Street Lombard, IL 60148		W	January 2009 Medical Expenses				\$32
ACCT #: 086-1-0002171723 Neopath, S.C. 520 E 22nd Street Lombard, IL 60148		W	January 2009 Medical Expenses				\$63
ACCT #: 512734005965xxxx Optimum Mastercard PO Box 17051 Baltimore, MD 21297-1051		W	2008 Consumer Credit Card				\$767
ACCT #: x-xxx-xx5-395 Target National Bank PO Box 59317 Minneapolis, MN 554 9-0317		W	2007-2008 Consumer Credit Card				\$302
Subtotal:							\$1,199
Total:							Continued

Sheet 6 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 604576102338xxxx QVC / Qcard PO Box 981462 EI Paso, TX 79998-1462		W	2007-2008 Consumer Credit Card				\$403
ACCT #: Several GE Money Bank, BK Dept PO Box 103104 Roswell, GA 30076		W	2007-2008 Consumer Credit Cards				\$0
ACCT #: 702127050143xxxx Best Buy Retail Services PO Box 15521 Wilmington, DE 19850		W	2007-2008 Consumer Credit Card				\$705
ACCT #: 6044071022518810 Paypal Buyer Credit PO Box 981462 EI Paso, TX 79998-1462		W	2007-2008 Consumer Credit Card				\$427
ACCT #: 249-064-xxx-x JCPenney PO Box 981403 EI Paso, TX 79998-1403		W	2007-2008 Consumer Credit Card				\$752
ACCT #: 517805725332xxxx Capital One PO Box 30285 Salt Lake City, UT 84130-0285		W	2007-2008 Consumer Credit Card				\$619
Subtotal:							\$2,906
Total:							Continued

Sheet 7 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Continuation Sheet

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 7926301396 TD Bank N.A. 1701 Route 70 East Cherry Hill, NJ 08034-5400		W	February 2009 Bank Fees				\$44
ACCT #: 1266312542607070 Debt Recovery Solutions 900 Merchants Concourse, Ste 106 Westbury, NY 11590-5114		W	2006 Verizon Wireless Account				\$92
ACCT #: xxxx7483 HSBC Card Services PO Box 60102 City of Industry, CA 91716-0102		W	2008 Consumer Credit Card				\$825
ACCT #: 601859621090xxxx GE Capital Old Navy PO Box 2036 Warren, MI 48090-2036		W	2007 Consumer Credit Card				\$433
ACCT #: 601859521255xxxx GE Capital The Gap PO Box 2036 Warren, MI 48090-2036		W	2007 Consumer Credit Card				\$346
ACCT #: 933082919 Lane Bryant PO Box 182121 Columbus, OH 43218-2121		W	2004 Consumer Credit Card				\$176
Subtotal:							\$1,916
Total:							Continued

Sheet 8 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: EC088330 Pinnacle Credit Services PO Box 640 Hopkins, MN 55343-0640		W	2007 Verizon Wireless Account				\$828
ACCT #: UNKNOWN Dundee Dermatology 1201 Water Tower Road West Dundee, IL 60118		W	May 2009 Medical Expenses		X		\$500
ACCT #: UNKNOWN Asthma & Allergy 1585 Barrington Road, Suite 606 Hoffman Estates, IL 60169		W	June 2009 Medical Expenses		X		\$500
ACCT #: GEC1017925 Professional Bureau Collection PO Box 628 Elk Grove, CA 95759-0628		W	2007-2008 Consumer Credit Card				\$427
ACCT #: 63838 Anne Szpindor, M.D. PO Box 957377 Hoffman Estates, IL 60195		W	June 2009 Medical Expenses				\$83
ACCT #: N/A Harris & Harris, LTD 222 Merchandise Mart, Suite 1900 Chicago, IL 60654		J	2007-2009 Medical Expenses Collector for St. Alexius Medical Center				\$0
Subtotal:							\$2,338
Total:							Continued

Sheet 9 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Unknown Gundersen Lutheran Clinics 226 6th Street North La Crosse WI 54601		H	March, 2005 Medical Expenses				\$500
ACCT #: 392806959 Great Lakes Higher Education Corporation PO Box 3059 Milwaukee WI 53201		H	2005 Federal Consolidation Loan		X		\$61,760
ACCT #: 869313 AM Community Credit Union 6715 Green Bay Road Kenosha WI 53142		H	2007 Post-Surrender Vehicle Balance		X		\$15,000
ACCT #: 517005264828 Capital One Bank PO Box 60024 City of Industry CA 91716		H	2007 Consumer Credit Card		X		\$1,200
ACCT #: E35753 Associates in Pediatrics 1015 Summit Street Elgin IL 60120		J	2009 Medical Expenses (Ryelin)		X		\$440
ACCT #: Unknown Gundersen Lutheran Hospital 226 6th Street North La Crosse WI 54601		H	August, 2004 Medical Expenses				\$2,200
Subtotal:							\$81,100
Total:							Continued

Sheet 10 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: B427776 Paul Michael Assoc. 186-09 Union Turnpike Flushing NY 11366		H	March 2007 Apartment Lease Reconciliation				\$1,886
ACCT #: 8930 Sheridan Rd KENWI LLC 4015 80th Street Kenosha WI 53142		H	March 2007 Apartment Lease Reconciliation				
ACCT #: xxxxxx8898501 Dell Financial Services PO Box 6403 Carol Stream IL 60197		H	March 2007 Laptop Computer		X		\$1,887
ACCT #: xxxxxx8898501 Encore Recv. Mgmt PO Box 47248 Oak Park MI 48237		H	March 2007 Laptop Computer				
ACCT #: xxxxxx9139 Orchard Bank PO Box 5222 Carol Stream IL 60197		H	2006-2007 Consumer Credit Card				\$1,048
ACCT #: 29654621-15 I C System PO Box 64887 St Paul MN 55164		H	2006-2007 Consumer Credit Card				
Subtotal:							\$4,821
Total:							Continued

Sheet 11 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 0412-402-361 WE Energies PO Box 2046 Milwaukee WI 53201		H	March 2007 Utility Expense				\$388
ACCT #: 0412-402-361 Financial Control Solutions PO Box 668 Germantown WI 53022		H	March 2007 Utility Expense				
ACCT #: 3895416042 Wells Fargo Bank PO Box 5058 Portland OR 97208		H	March 2007 Account Closing				\$278
ACCT #: 007-3775-4150 Chase Bank PO Box 711210 Columbus OH 43218		H	March 2007 Account Closing				\$564
ACCT #: 20-4447424 IHC Kenosha Radiology PO Box 3261 Milwaukee WI 53201		H	March 2007 Medical Expenses				\$136
ACCT #: 20-4447424 Omni Credit Services 333 Bishops Way Suite 100 Brookfield WI 53005		H	March 2007 Medical Expenses				
Subtotal:							\$1,366
Total:							Continued

Sheet 12 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 7384 Aetna PO Box 402299 Atlanta GA 30384		H	March 2007 Medical Expenses				\$468
ACCT #: JAMCH000 Horizon Behavioral Health PO Box 7814 Gurnee IL 60031		H	March 2007 Medical Expenses				\$120
ACCT #: 8930 9289 Kenosha Water Utility 4401 Green Bay Road Kenosha WI 53144		H	March 2007 Utility Expenses				\$86
ACCT #: 1-8043.0 Aalto Enhancement 3734 7th Avenue Suite 12 Kenosha WI 53140		H	March 2007 Medical Expenses				\$15
ACCT #: 13701438 Aurora Medical Group PO Box 341457 Milwaukee WI 53234		H	March 2007 Medical Expenses				\$15
ACCT #: 061801E Dr Majed Jendali 6308 8th Avenue Suite 3050 Kenosha WI 53143		H	March 2007 Medical Expenses				\$15
Subtotal:							\$719
Total:							Continued

Sheet 13 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 197739 UHC Physician Clinic PO Box 130 Kenosha WI 53141		H	March 2007 Medical Expenses				\$30
ACCT #: 197739A Americollect PO Box 1566 Manitowoc WI 54221		H	March 2007 Medical Expenses				
ACCT #: 517805258212830 Capital One PO Box 60024 City of Industry CA 91716		H	March 2007 Consumer Credit Card		X		\$3,900
ACCT #: F00027180330 St. Alexius Medical Center 21219 Network Place Chicago, IL 60673		J	2008 Medical Expenses				\$85
ACCT #: 246643 Alex Bros Outpatient Group Practice 1650 Moon Lake Blvd Hoffman Estates, IL 60169		J	2008-2009 Medical Expenses		X		\$200
ACCT #: 5402780000664260 Barclays Bank Mastercard PO Box 13337 Philadelphia PA 19101		H	2007-2008 Consumer Credit Card				\$951
Subtotal:							\$5,166
Total:							Continued

Sheet 14 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Continuation Sheet

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 6347097001 Health Lab 25 N Winfield Road Winfield IL 60190		W	June 2009 Medical Expenses				\$859
ACCT #: 15236051090701003 Neuheisel Law Firm 64 E Broadway Road, Suite 245 Tempe AZ 85282		W	2008-2009 Consumer Credit Card				\$754
ACCT #: 0430375395 Target PO Box 59317 MN 55459		H	2007-2008 Consumer Credit Card				\$80
ACCT #: B427776 The Stark Agency PO Box 45710 Madison WI 53744		H	2007 Apartment Lease Reconciliation				\$1,758
ACCT #: 8919813 Literary Guild PO Box 6400 Camp Hill PA 17012		H	2007-2008 Consumer Credit Card				\$50
ACCT #: 3263 Fox Valley Dental Care 860 Summit Street, Suite 153 Elgin IL 60120		J	2008 Medical Expenses		X		\$500
Subtotal:							\$4,001
Total:							Continued

Sheet 15 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT#: 013641 Source One Medical 38 Tesla, Suite 150 Irvine CA 92618		H	2007 Medical Expenses				\$750
ACCT#: 9937968 AT & T 700 Longwater Drive Norwell MA 02061		H	2007-2008 Utility Expenses				\$92
ACCT#: 70002862817610001 Toyota Motor Credit Corp 1000 Bridgeport Avenue #4T Shelton CT 06484		H	2008-2009 Post-Surrender Vehicle Balance		X		\$3,900
ACCT#: 2003213883788790 Comcast PO Box 3001 Southeastern PA 19398		J	2008-2009 Utility Expenses		X		\$700
ACCT#: 5200940148627676 Sears Solutions Mastercard PO Box 379 Wood Dale IL 60191		H	2008-2009 Consumer Credit Card		X		\$600
ACCT#: 50542309674 Columbia House DVD		H	2007-2008 Consumer Credit Card				\$75
Subtotal:							\$6,117
Total:							Continued

Sheet 16 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT#: 8798200321445990 Comcast PO Box 3001 Southeastern PA 19398		J	2008-2009 Utility Expenses				\$300
ACCT#: 392806959 Drs. Ross, Maccone, & Muritori 45 E Main Street East Islip NY 11730		H	2007-2008 Medical Expenses				\$420
ACCT#: 146668 Medical Specialists 34314 Eagle Way Chicago IL 60678		J	2008-2009 Medical Expenses				\$434
ACCT#: E35752 Associates in Pediatrics 1015 Summit Street Elgin IL 60120		J	2008-2009 Medical Expenses (Aelyn)		X		\$480
ACCT#: 13303121 MRS Associates 1930 Olney Avenue Cherry Hill NJ 08003		H	2008 Cleveland Municipal Photo Enforcement				\$160
ACCT#: D10723-851087 National Asset Management PO Box 840 Moon Twp PA 15108		J	2008 Medical Expenses				\$40
Subtotal:							\$1,834
Total:							Continued

Sheet 17 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT#: 208-015-03650 Walker Associates 2 Oliver Street Boston MA 02109		J	2007 Medical Expenses (Qwest Diagnostics)		X		\$1,172
ACCT#: 128703782 Qwest Diagnostics 315 Walt Whitman Road, Suite 307 Huntington Station, NY 11746		J	2007-2008 Medical Expenses		X		\$350
ACCT#: 128703782 North Shore LIJ Hospital System - Syosset 221 Jericho Turnpike Syosset, NY 11791		W	2007 Medical Expenses		X		\$100
ACCT#: 128703782 North Shore LIJ Hospital System - South Side 301 East Main Street Bay Shore, NY 11706		W	2007 Medical Expenses		X		\$100
ACCT#: 128703782 North Shore LIJ Hospital System - Manhasset 300 Community Drive Manhasset, NY 11030		W	2007 Medical Expenses		X		\$100
ACCT#: F00028523991 St. Alexius Medical Center 21219 Network Place Chicago, IL 60673		W	2009 Medical Expenses		X		\$17,777
Subtotal:							\$19,599
Total:							Continued

Sheet 18 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

CREDITOR'S NAME, MAILING ADDRESS, AND ACCOUNT NUMBER	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT#: 50378420009 Columbia House c/o Nat'l Recovery Agency PO Box 67015 Harrisburg, PA 17106-7015		H	2007-2008 Consumer Credit Card				\$37
ACCT#: 128703782 Reproductive Specialists of NY 1111 Montauk Highway, Suite 24 West Islip, NY 11795		J	2007-2008 Medical Expenses		X		\$1,600
ACCT#:							
ACCT#:							
ACCT#:							
ACCT#:							
ACCT#:							
ACCT#:							
Subtotal:							\$1,637
Total:							\$157,385

Sheet 19 of 19 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

B6G (Official Form 6G) (12/07)

In re James, Christopher & BonnieJean,
Debtor

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Home Properties, Inc c/o Blackhawk Apartments 926 Congdon Avenue Elgin, IL 60120	Residential Lease of apartment at: 912 Congdon Avenue, Apt 5 Elgin, IL 60120

B6H (Official Form 6H) (12/07)

In re James, Christopher & BonnieJean,
Debtor

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B61 (Official Form 61) (12/07)

In re James, Christopher & BonnieJean,
Debtor

Case No. _____
(if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Son, Daughter	AGE(S): 6 months
Employment:	DEBTOR	SPOUSE
Occupation	Senior Analyst	N/A
Name of Employer	Sears Holdings Corporation - 1.5 years	
How long employed	3333 Beverly Road, Hoffman Estates, IL 60179	
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$5667	\$
2. Estimate monthly overtime	\$5667	\$
3. SUBTOTAL	\$5667	\$
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$995	\$
b. Insurance	\$505	\$
c. Union dues	\$	\$
d. Other (Specify): <u>Spousal Support, Health FSA</u>	\$700	\$
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$2204	\$
6. TOTAL NET MONTHLY TAKE HOME PAY	\$3567	\$
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$	\$
8. Income from real property	\$	\$
9. Interest and dividends	\$	\$
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$	\$
11. Social security or government assistance (Specify): _____	\$	\$
12. Pension or retirement income	\$	\$
13. Other monthly income (Specify): _____	\$	\$
14. SUBTOTAL OF LINES 7 THROUGH 13	\$3567	\$
15. AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)	\$3567	\$
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$3567	

(Report also on Summary of Schedules and, if applicable,
on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

In re James, Christopher & BonnieJean,
DebtorCase No. _____
(if known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) \$859
- a. Are real estate taxes included? Yes _____ No _____
- b. Is property insurance included? Yes _____ No _____
2. Utilities: a. Electricity and heating fuel \$85
- b. Water and sewer \$75
- c. Telephone \$100
- d. Other Cable & Internet \$150
3. Home maintenance (repairs and upkeep) \$
4. Food \$400
5. Clothing \$150
6. Laundry and dry cleaning \$100
7. Medical and dental expenses \$200
8. Transportation (not including car payments) \$175
9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$100
10. Charitable contributions \$
11. Insurance (not deducted from wages or included in home mortgage payments)
- a. Homeowner's or renter's \$13
- b. Life \$0
- c. Health \$0
- d. Auto \$100
- e. Other _____ \$0
12. Taxes (not deducted from wages or included in home mortgage payments)
(Specify) _____ \$0
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)
- a. Auto \$0
- b. Other _____ \$0
- c. Other _____ \$0
14. Alimony, maintenance, and support paid to others \$0
15. Payments for support of additional dependents not living at your home \$0
16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$0
17. Other Diapers & Necessities for Newborn Twins \$200
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$2707
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:
20. STATEMENT OF MONTHLY NET INCOME
- a. Average monthly income from Line 15 of Schedule I \$3567
- b. Average monthly expenses from Line 18 above \$2707
- c. Monthly net income (a. minus b.) \$860

B7 (Official Form 7) (12/07)

UNITED STATES BANKRUPTCY COURT

Northern DISTRICT OF Illinois

In re: James, Christopher & BonnieJean,
Debtor

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

I. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

2009 - \$37,500	Employment
2008 - \$83,798	Employment
2007 - \$96,362	Employment

2. Income other than from employment or operation of business

None
☒

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None
☐

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Toyota Motor Credit PO Box 5855 Carol Stream, IL 60197	6/20, 5/16, 4/15	\$685/Month	\$33,803

None

☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
--	--------------------	----------------	-----------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	----------------------	---------------------------------	--------------------------

See Attached

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
American Eagle Bank 556 Randall Road South Elgin, IL 60177	December 15, 2008	2008 Nissan Altima \$16,000

Document Page 46 of 63
Attachment to - Form 7 - Statement of Financial Affairs

4. Suits and administrative proceedings, executions, garnishments, and attachments

a. List all suits and administrative proceedings to which the debtor(s) is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
AM Community Credit Union vs. Christopher James Case# 2009CV000919	Civil Lawsuit	Kenosha County, Wisconsin	Open
American Eagle Bank vs. BonnieJean James Case# 2009-MI-148420	Civil Lawsuit	Cook County, Illinois	Open
Steven J Muraski D MD MS vs. BonnieJean James Case# 2009SC001809	Civil Lawsuit	Kane County, Illinois	Closed

6. Assignments and receiverships

None
☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF ASSIGNEE

DATE OF
ASSIGNMENT

TERMS OF
ASSIGNMENT
OR SETTLEMENT

None
☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CUSTODIAN

NAME AND LOCATION
OF COURT
CASE TITLE & NUMBER

DATE OF
ORDER

DESCRIPTION
AND VALUE
OF PROPERTY

7. Gifts

None
☒

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF PERSON
OR ORGANIZATION

RELATIONSHIP
TO DEBTOR,
IF ANY

DATE
OF GIFT

DESCRIPTION
AND VALUE
OF GIFT

8. Losses

None
☒

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION
AND VALUE OF
PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF
LOSS WAS COVERED IN WHOLE OR IN PART
BY INSURANCE, GIVE PARTICULARS

DATE
OF LOSS

9. Payments related to debt counseling or bankruptcy

None
☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Credit Card Management Services 4611 Okeechobee Blvd, Suite 114 West Palm Beach, Florida 33417	July 22, 2009	\$35

10. Other transfers

None
☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None
☒

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None
☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None
☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None
☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None
☒

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None
☐

If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
980 Congdon Avenue Elgin, IL 60120	Christopher & BonnieJean James	Aug 2008 - Mar 2009
869 Carriageway, Elgin, IL 60120	Christopher & BonnieJean James	Feb 2008 - Aug 2008
46 Oakdale Ave. Central Islip NY 11722	Christopher & BonnieJean James	Mar 2007 - Feb 2008
	BonnieJean Zippelius	

16. Spouses and Former Spouses

None

☐

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

Melissa J Meyer

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None

☒

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None

☒

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

None

☒

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	--------------------------

18. Nature, location and name of business

None

☒

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in

which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None
☒

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None
☒

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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None
☒

b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None
☒

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None
☒

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

None
☒

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT
OF INVENTORY
(Specify cost, market or other
basis)

None
☒

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES
OF CUSTODIAN
OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None
☒

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None
☒

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

22 . Former partners, officers, directors and shareholders

None
☒

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None
☒

b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

None
☒

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

None
☒

If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER-IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

25. Pension Funds.

None
☒

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER-IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

* * * * *

11

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 7/24/2009

Signature
of Debtor
Signature
of Joint Debtor
(if any)

Date 7/24/09

[If completed on behalf of a partnership or corporation]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date _____

Signature _____

Print Name and Title

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

____ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social-Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

Date

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re James, Christopher & BonnieJean,
Debtor

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 36 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 7/24/2009

Signature: _____ Debtor

Date 7/24/09

Signature: Bonnie Jean James (Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

_____ Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief

Date _____

Signature: _____

[Print or type name of individual signing on behalf of debtor]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571

American Eagle Bank
556 Randall Road
South Elgin IL 60177

Law Office of Sherman & Sherman
PO Box 2142
Chicago IL 60690

Island Gastroenterology
1175 Montauk Highway Suite 3
West Islip NY 11795

Long Island Pathology
PO Box 302
Port Jefferson NY 11777

French Medical Group
300 N McLean Blvd Suite A
Elgin IL 60123

ACC International
919 Estes Court
Schaumburg IL 60193

St Alexius Medical Center
21219 Network Place
Chicago IL 60673

Suburban Maternal Fetal Medicine
PO Box 958216
Hoffman Estates IL 60195

Steven J Muraski DDS
2000 Larkin Avenue Suite 202
Elgin IL 60123

Comprehensive Women's Center
39711 Treasury Center
Chicago IL 60694

Elgin Gastroenterology
745 Fletcher Drive Suite 202
Elgin IL 60123

Genzyme Genetics
PO Box 371748
Pittsburgh PA 15251-7748

Jzanus Ltd
170 Jericho Turnpike
Floral Park NY 11001

Enzo Clinical Labs
PO Box 9084
Farmingdale NY 11735

Fertility Center of Illinois
3703 W Lake Avenue Suite 310
Glenview IL 60026

Medical Center Anesthesia
2413 W Algonquin Road Suite 608
Algonquin IL 60102-9402

Alexian Bros Outpatient
1650 Moon Lake Blvd
Hoffman Estates IL 60169-1010

Grabowski Surgical Associates
800 Biesterfield Road Suite 3004
Elk Grove Village IL 60007-3364

Alexian Pediatric Specialty Group
PO Box 843147
Boston MA 02284-3147

Central DuPage Hospital
25 N Winfield Road
Winfield IL 60190-1295

Northwest Oncology & Hematology
3701 Algonquin Road Suite 900
Rolling Meadows IL 60008

Neopath SC
520 E 22nd Street
Lombard IL 60148

Optimum MasterCard
PO Box 17051
Baltimore MD 21297-1051

Target National Bank
PO Box 59317
Minneapolis MN 55459-0317

QVC
PO Box 981462
El Paso TX 79998-1462

GE Money Bank BK Dept
PO Box 103104
Roswell GA 30076

Best Buy Retail Services
PO Box 15521
Wilmington DE 19850

Paypal Buyer Credit
PO Box 981462
El Paso TX 79998-1462

JCPenney
PO Box 981403
El Paso TX 79998-1403

Capital One
PO Box 30285
Salt Lake City UT 84130-0285

TD Bank NA
1701 Route 70 East
Cherry Hill NJ 08034-5400

Debt Recovery Solutions
900 Merchants Concourse Suite 106
Westbury NY 11590-5114

HSBC Card Services
PO Box 60102
City of Industry CA 91716-0102

GE Capital / Old Navy
PO Box 2036
Warren MI 48090-2036

GE Capital / The Gap
PO Box 2036
Warren MI 48090-2036

Lane Bryant
PO Box 182121
Columbus OH 43218-2121

Pinnacle Credit Services
PO Box 640
Hopkins MN 55343-0640

Allergy & Asthma
1585 Barrington Road, Suite 606
Hoffman Estates IL 60169

Professional Bureau Collection
PO Box 628
Elk Grove CA 95759-0628

Dundee Dermatology
1201 Water Tower Place
West Dundee IL 60118

Atty Jonathan Carbary
1814 Grandstand Place
Elgin IL 60120

Overland Bond & Investment
4701 W Fullerton Avenue
Chicago IL 60639

Anne Szpindor, M.D.
PO Box 957377
Hoffman Estates IL 60195

Barclays Card Services
PO Box 13337
Philadelphia PA 19101

Aalto Enhancement
3734 7th Avenue Suite 12
Kenosha WI 53140

Aetna Health Care
PO Box 402299
Atlanta GA 30384

AM Community Credit Union
6715 Green Bay Road
Kenosha WI 53142

Aurora Medical Group
PO Box 341457
Milwaukee WI 53234

Bear Property Management
4015 80th Street
Kenosha WI 53142

Chase Bank
PO Box 711210
Columbus OH 43218

Capital One Bank
PO Box 60024
City of Industry CA 91716

Dell Financial Services
PO Box 6043
Carol Stream IL 60197

Dr Majed Jendali
6308 8th Avenue Suite 3050
Kenosha WI 53143

Great Lakes Higher Education Corporation
PO Box 3059
Milwaukee WI 53201

Gundersen Lutheran Clinic
Patient Business Services
PO Box 4020
La Crosse WI 54602-4020

Gundersen Lutheran Hospital
Patient Business Services
PO Box 4444
La Crosse WI 54602-4444

Horizon Behavioral Health
PO Box 7814
Gurnee IL 60031

IHC Kenosha Radiology
PO Box 3261
Milwaukee WI 53201

Melissa J Meyer
7801 88th Avenue Lot 305
Pleasant Prairie WI 53158

Orchard Bank
PO Box 5222
Carol Stream IL 60197

Toyota Financial Services
PO Box 371339
Pittsburgh PA 15250

UHC Physician Clinic
PO Box 130
Kenosha WI 53141

WE Energies
PO Box 2046
Milwaukee WI 53201-2046

Wells Fargo
PO Box 5058
Portland OR 97208

Encore Receivables Management
PO Box 47248
Oak Park MI 48237

I C System
PO Box 64887
Saint Paul MN 55164

Associates in Pediatrics
1015 Summit Street
Elgin IL 60120

Kenosha Water Utility
4401 Green Bay Road
Kenosha WI 53144

Financial Control Systems
PO Box 668
Germantown WI 53022

Omni Credit Services
333 Bishops Way, Suite 100
Brookfield WI 53005

Harris & Harris LTD
222 Merchandise Mart, Suite 1900
Chicago IL 60654

Americollect
PO Box 1566
Manitowoc WI 54221

Capital One
PO Box 60024
City of Industry CA 91716

Alexian Bros Outpatient Group Practice
1650 Moon Lake Blvd
Hoffman Estates IL 60169

Neuheisel Law Firm
64 E Broadway Road, Suite 245
Tempe AZ 85282

Target
PO Box 59317
Minneapolis MN 55459

The Stark Agency
PO Box 45710
Madison WI 53744

Literary Guild
PO Box 6400
Camp Hill PA 17012

Fox Valley Dental Care
860 Summit Street, Suite 153
Elgin IL 60120

Walker Associates
2 Oliver Street
Boston MA 02109

Comcast
PO Box 3001
Southeastern PA 19398

Creditors Exchange
PO Box 2270
Buffalo NY 14240

Drs. Ross, Muritori, & Maccone
45 E Main Street
East Islip NY 11730

Medical Specialists
34314 Eagle Way
Chicago IL 60678

MRS Associates
1930 Olney Avenue
Cherry Hill NJ 08003

National Asset Management
PO Box 840
Moon Twp PA 15108

Source One Medical
38 Tesla Street, Suite 150
Irvine CA 92618

AT&T
700 Longwater Drive
Norwell MA 02061

Sears Solutions MC
PO Box 379
Wood Dale IL 60191

Qwest Diagnostics
315 Walt Whitman Road, Suite 307
Huntington Station NY 11746

Columbia House
c/o Nat'l Recovery Agency
PO Box 67015
Harrisburg PA 17106

NSLIJ - Syosset
221 Jericho Turnpike
Syosset NY 11791

NSLIJ - Manhasset
300 Community Drive
Manhasset NY 11030

NSLIJ - Southside
301 East Main Street
Bay Shore NY 11706

Reproductive Specialists of New York
1111 Montauk Highway, Suite 24
West Islip NY 11795